

Volunteer/Externship/Internship Application

Name: _____ Date: _____

Address: _____

Day Phone: (____) _____ Eve. Phone: (____) _____ Best Time to Call: _____

Email Address: _____

School: _____ Major: _____

Employer: _____ Occupation: _____

Emergency Contact Name and Phone: _____

Education:

Completed

- ☐ High school/ GED
- ☐ Vocational/ Business School
- ☐ College
- ☐ Graduate School
- ☐ Law School

Currently Enrolled

- ☐ College Circle current standing:
Fr So Jr Sr
- ☐ Graduate School
- ☐ Law School Circle current standing:
1st 2nd 3rd
- ☐ Vocational/ Business School

Additional Training: _____

Languages Spoken Fluently: _____

Volunteer Experience: _____

Please state your career goals: _____

The Criminal Division may have opportunities available in the following areas. Please check your areas of interest.

- | | |
|---|---|
| <input type="checkbox"/> Crimes against the elderly | <input type="checkbox"/> Assistant Paralegal |
| <input type="checkbox"/> Domestic Violence Unit | <input type="checkbox"/> Rule 9 Internship
(3rd year law students) |
| <input type="checkbox"/> Child abuse cases | <input type="checkbox"/> Research and statistical reports |
| <input type="checkbox"/> Community Court Program | |

It is our goal to match your interests and skills with the needs of this office. However, assignment of specific tasks will be at the discretion of the supervisor.

Complete the following if you are expecting to receive course credit.

Professor or contact person: _____ Phone: () _____

Course or Major: _____

Why are you interested in volunteering in the Criminal Division?

Describe your knowledge of, or experience with, the criminal justice system.

Have you ever been convicted of a crime? _____

If yes, when and where? _____

How did you learn of this opportunity? _____

The office is open between the hours of 8:00 am and 5:00 pm Monday through Friday.
Indicate when you are available.

Days: Monday Tuesday Wednesday Thursday Friday
 _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

Total number of hours you are available per week: _____

Expected start date: _____ Expected end date: _____

You will need to attach the following to your application. We are unable to process incomplete applications.

1. Current resume
2. List of three professional references with contact information

Signature: _____ Date: _____

Please send your completed application materials to:

Brialle Engelhart, Criminal Division Manager
Seattle City Attorney's Office
P.O. Box 94667
Seattle, WA 98124-4667
Phone: (206) 684-7731 Fax (206) 684-4648
Email: Brialle.Engelhart@seattle.gov